Date Investigation Started		t—California	a	County	Case Number
month day year (No	ote: For Congenital Rubella Syr	ndrome Cases, use Foi	rm CDC 17.17)		
PERSONAL DATA Se	x Date of birth	Address			
Name: last, first, initial		year City	ZIP	Phone	
Person reporting case, phone number	Date reported to coun	<u> </u>	(if any), phone numbe	r	
Ethnicity	month day	_year	if any) phone number		ıknown
Race/National Origin White Black Asian—Please also check one box by	ack	aska Native (Aleut, E Pacific Islander—Ple		Occupation:	KHOWH
□ Chinese □ Asian Indian □ Japanese □ Cambodian (Non-Hmo □ Korean □ Laotian(Non-Hmong) □ Filipino □ Vietnamese (Non-Hmong)	☐ Other Asian	☐ Guamanian ☐ Samoan ☐ Hawaiian ☐ Other Pacific Isl	ander	Social Securit	y Number
CLINICAL DATA Yes No If	yes, onset date	Duration:	I-2 days ☐ 3 days	☐ 4 or more da	ays
	month day year Prigin on body nd spread:	Description:			
Fever	yes, onset date	Highest Temp.	If temp. not measure did patient's skin fee		□ Normal □ Unk.
Enlarged	ough 🗆 Yes 🗆 No Arthralg Arthritis	ia/ □ Yes □ No C		Photophobia/ Conjunctivitis	Yes □ No
Other symptoms/complications:		If female, is ca		□ No □ Ur	
Virus isolation: Result	Serology Rubella Ig Date Index/titer	Acute	ogy Rubella IgG or to e: Dated dex/titer	otal antibody: Conv: Date Index/titer	
Clinical criteria for rubella: Need all of the followarthritis, or lymphadenopathy, or conjunctivitis; and coryza or conjunctivitis) CONFIRMED rubella case definition: Laborator present), or meets the clinical criteria above and is PROBABLE rubella case definition: Meets the	does not meet measles clinical criter y-confirmed (virus isolated, significal s epidemiologically linked to a labora	ria (generalized rash lastin nt rise in IgG or total antibot tory-confirmed case.	ng ≥3 days and temperature 38 ody level between acute and d	8.3°C (101°F) or high	er and cough,
CASE CLASSIFICATION Conf	irmed rubella		spected rubella only o	or unclear 🔲 N	lot rubella
IMMUNIZATION HISTORY Ha ☐ Yes and written record available ☐ Yes but written record not avail ☐ No Unknown	` ' [month day	year month	day yea	ar
	Does case have a prior posit	tive rubella antibody		☐ No/Unknown	
POSSIBLE SOURCE OF INFECTION	ON: Relative, friend, visito			3 days before r	ash onset
Name(s), age(s) Rash onset date	Relationship to case/site o		Address(es), Phon		
(month/day) L L L L L L L L L L L L L L L L L L L	l arty, park, theatre, school,	etc.) or travel outs	ide local community	8-17 days befor	re onset)
TRAVEL TO OR ARRIVAL FROM OTI ☐ Yes ☐ No ☐ No ☐ Countr	HER COUNTRY OR STATE ries/states involved; dates in each	i i	1	h rubella or rash on:	set cases(s)

WORKSHEET

CONTACTS TO CASE IN CASE'S INFECTIOUS PERIOD (7 days before to 7 days after rash onset)

Use of this worksheet is optional. Guidelines presented represent suggestions only, since contact management varies with individual situations.

A.	Contact(s) who are in 1st 5 months of pregnancy 2. Documented rubella					
	Name	_Address/Phone	1. Documented prior rubella immunization?	seropositivity before or within 7 days after first exposed?	3. If "No/Unk" to 1. and 2., action takenrubella serology, etc.	
		_	☐ Yes ☐ No/Unk	☐ Yes ☐ No/Unk .		
			If yes, date:			
			Yes 🗌 No/Unk	☐ Yes ☐ No/Unk		
			If yes, date:			
		_	Yes 🗌 No/Unk	☐ Yes ☐ No/Unk .		
			If yes, date:			
B.	emergency room, etc.) Addr		care center, school, college, w Address/phone/ contact person			
	Trainio or grow		ounder person		110100	
	Consider the fo	ollowing measures for gro	oup contacts:			
	1. Isolate kno	own or suspected cases u	ntil 7 days after rash onset.			
		nen in 1st 5 months of pregregnant women as in A., a	gnancy who are not known to be r above.	rubella seropositive to avoid a	area of exposure risk. Manage	
			ents in zone of risk who are undation on or after the first birthday.			
	be tempora	arily excluded from attend	lideally be isolated from 7-23 days dance). If this is impractical, isolonjunctivitis, post-cervical adenop	late them at the first sign of		
	5. Continue h	neightened surveillance fo	r new cases for two incubation po	eriods (6 weeks) after rash o	nset of last known case.	
Cor	nsultation is ava	ilable from the Immunizat	ion Branch (510/540-2065).			
C.	Other Contact	ts/Notes:				